## 24-HOUR REPORT OF CONTRIBUTIONS AND EXPENDITURES

## For Municipal Political Action Committees and Ballot Question Committees

COMMITTEE INFORMATION			
Name of committee		Phone	
Mailing address, city, state, zip code			
TREASURER INFORMATION			
Name of treasurer		Phone	
Mailing address, city, state, zip code			

FILING SCHEDULE FOR 2014				
Election	Election Date	Reporting Period		
Municipal elections held in June	June 10, 2014	May 28, 2014—June 9, 2014		
Municipal elections held in November	November 4, 2014	October 22, 2014—November 3, 2014		

WHEN TO FILE	WHAT CONTRIBUTIONS SHOULD BE REPORTED	WHAT EXPENDITURES SHOULD BE REPORTED
Within 24 hours, including weekends and holidays, of receiving the contribution or making the expenditure, incurring the obligation, or placing the order. Reports can be filed via the committee's electronic filing website.	more received during the reporting period.	Any <u>single</u> expenditure of \$1,000 or more made during the reporting period. Orders placed with or obligations made to vendors for goods or services are considered expenditures at the time the orders or obligations are made. Overhead costs, such as rent, taxes, utilities and some salary payments are not required to be reported.

## **IMPORTANT REMINDERS**

The information contained in this report must also be included on the appropriate schedule of the next regularly scheduled campaign finance report.

If an expenditure is disclosed in an independent expenditure report, it is not necessary to file a separate 24-hour report for the same expenditure.

CONTRIBUTIONS OF \$5,000 OR MORE				
Contributor Name		Date of contribution		
Address		Amount of contribution		
City, state, zip code		<u> </u>		
Occupation	Employer			
Contributor Name		Date of contribution		
Address		Amount of contribution		
City, state, zip code		,		
Occupation	Employer			
EXPENDITURES OF \$1,000 OR MORE				
Payee/Creditor		Date of expenditure		
Address		Amount of expenditure		
City, state, zip code				
Purpose of expenditure				
Expenditure made on behalf of (name of candidate or ballot question)		In support or opposition?		
Payee/Creditor		Date of expenditure		
Address		Amount of expenditure		
City, state, zip code				
Purpose of expenditure				
Expenditure made on behalf of (name of candidate or ballot question	on)	In support or opposition?		
I,, certify that the information in this report is true, correct and complete.				
Signature of Treasurer	Date			

Duplicate as needed. Rev. 3/14